## APPLICATION FOR AN ADDITIONAL OFFICE OR RELOCATION OF AN EXISTING OFFICE PURSUANT TO THE MORTGAGE LENDER AND BROKER ACT

Bureau of Financial Institutions 1300 East Main Street, Suite 800 Post Office Box 640 Richmond, Virginia 23218-0640

Telephone Number/E-mail Address

## **INSTRUCTIONS:**

Attach a check for \$150 payable to the Treasurer of Virginia. The application fee is not refundable.

Pursuant to Section	n 6.1-416B of the Mortgage L	ender and Broker Act,
	(Name and Address of Licens	see)
hereby applies to the State	Corporation Commission for	authority to operate an office at
	(Street Address)	
(City or Town)	(State)	(Zip Code)
If the proposed office will n	replace an existing office, idea	ntify the office being relocated:
	(Street Address)	
(City or Town)	(State)	(Zip Code)
Date office to be established/relocated: Virginia business, attach explanation. (No states, provide the date Virginia business is	ote: For out-of state offices a	. If proposed office is already conductin lready authorized to conduct business in other
	CERTIFICATION	
The undersigned certifies that the facts confile this application.	tained in this application are t	true and that he/she has been duly authorized t
Name (Type or Print)		Signature
Date		Title